

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | |
|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO | | |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW | | |
| (c) City, State and ZIP Code WASHINGTON DC 20036 | | 3. FEC Identification Number C C90011172 |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☒ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

/ /

5. COVERING PERIOD:

FROM / /
THROUGH / /

6. TOTAL CONTRIBUTIONS..... .00

7. TOTAL INDEPENDENT EXPENDITURES 79999.21

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CLAUDETTE WINGFIELD

SIGNATURE

CLAUDETTE WINGFIELD

DATE

[Electronically Filed]

03/03/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
LOGOMOTION, INC.

Date of Public Distribution/Dissemination

12 / 01 / 2015

Mailing Address 4630 MONTGOMERY AVENUE
SUITE 220

Amount

676.43

Transaction ID : F57.000001

Purpose of Expenditure
PEEL OFF STICKERSCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HILLARY RODHAM CLINTONCalendar Year-To-Date Per Election
for Office Sought 79999.21Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
GARNER PRINTING

Date of Public Distribution/Dissemination

12 / 02 / 2015

Mailing Address 1697 N.E. 53RD AVENUE

Amount

3387.98

Transaction ID : F57.000002

Purpose of Expenditure
PLACARDSCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HILLARY RODHAM CLINTONCalendar Year-To-Date Per Election
for Office Sought 79999.21Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC.

Date of Public Distribution/Dissemination

12 / 09 / 2015

Mailing Address 123 SWIGGUM ROAD

Amount

75158.43

Transaction ID : F57.000003

Purpose of Expenditure
T-SHIRTSCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HILLARY RODHAM CLINTONCalendar Year-To-Date Per Election
for Office Sought 79999.21Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 79222.84

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee

AMERICAN UNIONS EMBROIDERY AND SCREEN PRINTING, INC.

Date of Public Distribution/Dissemination

MM / DD / YYYY
12 / 16 / 2015

Mailing Address 123 SWIGGUM ROAD

Amount

776.37

Transaction ID : F57.000004

Purpose of Expenditure
T-SHIRTSCategory/
Type 004

Office Sought:

☐ House

State: IA

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HILLARY RODHAM CLINTONCalendar Year-To-Date Per Election
for Office Sought

79999.21

Disbursement For: ☒ Primary
2016 ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary
☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary
☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

776.37

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

79999.21